## Appendix B EDR Forms

Request for Counseling, Request for Mediation and Complaint forms are provided, but Complainants may use alternative written formats.

EDR File No.	_
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## Request for Counseling Under the Employment Dispute Resolution Plan for the District of Utah

Prior to completing this form, please refer to the Employment Dispute Resolution (EDR) Plan for the District of Utah. This form must be submitted to the District of Utah's EDR Coordinator or an Alternate Coordinator within 60 days of the alleged violation or within 60 days of the time you became aware of the alleged violation. The period for counseling is 30 days or less, beginning on the date this form is received by the EDR Coordinator.

te:				
Contact Information of Person	n Requesting Counseling			
Name:				
ess:				
ess:				
pers:				
Work:	Cell:			
r an applicant for a court pos				
or former employee, please	state:			
ying office and the name of t	the employing office from whom you			
	contact Information of Personess: ess: bers: Work: e whether you are a current an applicant for a court post			

5.	If an applicant, the office to which you applied and the position you sought:
6.	Date(s) of incidents or adverse employment action giving rise to this dispute:
7.	Please describe the incidents or actions giving rise to this dispute and the claims you wish to assert. Please attach additional pages if necessary:
8.	Please state the corrective action, result or resolution of this claim that you seek:

9.	Chap	•	h to assert, by identifying the relevant Model EEO Policy, under which this		
	Chap	ter II – Anti-Discrimination Right □ Race	zs.		
		□ Color			
		□ Religion			
		☐ Sex (includes Sexual Hara	ssment)		
		☐ National Origin			
		☐ Age (at least 40 years old discrimination)	at the time of the alleged		
		☐ Disability			
		Chapter III – Family and Medica	l Leave Rights		
		Chapter IV – Worker Adjustmen	t and Retraining Notification Rights		
		Chapter V – Employment and Red Uniformed Services	employment Rights of Members of the		
		Chapter VI – Occupational Safet	y and Health Protections		
		Chapter VII – Polygraph Tests			
		Chapter VIII – Whistleblower Pr	rotection		
	Mode	el EEO Policy			
10.	Name and Contact Information of Any Attorney or Other Person Representing You				
	Name	e:			
		ess:			
		1 11			
		l address:			
	Phon	e:	Fax:		
This	Reque	st for Counseling is submitted by:			
Signa	ature				
EDR	Coord	inator's Signature	Date of Receipt		

EDR File No.	_
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## Request for Mediation Under the Employment Dispute Resolution Plan for the District of Utah

Prior to completing this form, please refer to the Employment Dispute Resolution (EDR) Plan for the District of Utah. This form must be submitted to the EDR Coordinator or Alternate EDR Coordinator within 15 days after notice of the conclusion of the counseling period is sent. Please attach a copy of your REQUEST FOR COUNSELING form. The period for mediation is 30 days or less beginning on the date this form is received by the EDR Coordinator. The employee is required to attend at least one mediation session. Failure to pursue mediation will preclude further processing of your claim(s).

1.	Today's Date:			
2.	Name and Contact	Information of Person F	Requesting Mediation	
	Name:			_
	Home Address:			_
				_
	Phone numbers:			
	Home:	Work:	Cell:	
3.	Name and Contact Request	Information of Employin	g Office Responding to Mediatio	n
	Name:			_
	Address:			_
	Email address:			
	Phone number(s):			

If any of the information supplied in the REQUEST FOR COUNSELING form (attached) filed in connection with this EDR manner is no longer accurate or needs to be updated, supplemented or revised, please note the number of the entry on the REQUEST FOR COUNSELING form to be changed, and state the changes or revisions you wish to make:
Describe below all of the claims you wish to raise in mediation. You may refer to your identification of EDR claims in your REQUEST FOR COUNSELING, (Question No. 9), but you are encouraged to explain in more detail in what way your believe your rights under the EDR Plan were violated (You may attach additional pages if necessary). Any claims not advanced in mediation may not be pursued in a complaint under the EDR Plan:

6. Please identify the EDR or EEO claims you wish to assert, by identify			s you wish to assert, by identifying the			
	relev	ant Cl	hapter(s) of the EDR Plan, o	r the Model EEO Policy, under which		
	this F	Reques	st for Counseling is being fi	led:		
	EDR Plan Chapter II - Anti-Discrimination Rights					
			Race			
			Color			
			Religion			
			Sex (includes Sexual Hara	assment)		
			National Origin			
			Age (at least 40 years old discrimination)	at the time of the alleged		
		☐ C1	Disability	-1.T Dishes		
		_	pter III – Family and Medica	_		
		_		nt and Retraining Notification Rights		
		Chapter V – Employment and Reemployment Rights of Members of the Uniformed Services				
		☐ Chapter VI – Occupational Safety and Health Protections				
		Chap	pter VII – Polygraph Tests			
		Chap	pter VIII – Whistleblower P	rotection		
	Mode	el EE(	O Policy			
This 1	reques	t for r	mediation is submitted by:			
Signa	ture					
EDR	Coord	linator	r's Signature	Date of Receipt		
Name	of M	ediato	or to whom referred (to be co	ompleted by EDR Coordinator):		
Name	;			Date		
Addre	ess			Phone:		

EDR	File	No.	_	
		<b>-</b> , <b>-</b> .		

## Complaint Under the Employment Dispute Resolution Plan for the District of Utah

Prior to completing this form, please refer to the Employment Dispute Resolution (EDR) Plan for the District of Utah. This form must be submitted to the EDR Coordinator or Alternate EDR Coordinator within 15 days after notice of the conclusion of the mediation period is sent. Please attach a copy of your REQUEST FOR COUNSELING form and your REQUEST FOR MEDIATION form.

•	Today's Date:					
	Name and Contact Information of Person Filing Complaint:					
	Name:					
	Home Address:					
	Phone numbers:					
	Home:	Work:	Cell:			
	Name and Contact Information of Employing Office Responding to Complaint					
	Name:					
	Address:					
	Email address:					
	If any of the informa	ation supplied in the REC	QUEST FOR COUNSELING form			

(attached) or the REQUEST FOR MEDIATION form (attached) filed in connection with this EDR matter is no longer accurate or needs to be updated,

	fully describe the incidents or actions giving rise to your complent in what way you believe your rights under the EDR Plan
Explai violate witnes	n in what way you believe your rights under the EDR Planed. Identify all person who participated in this matter or who ses or who can otherwise provide relevant information concerning
Explai violate witnes compl copy	n in what way you believe your rights under the EDR Planed. Identify all person who participated in this matter or who
Explai violate witnes compl copy	n in what way you believe your rights under the EDR Planted. Identify all person who participated in this matter or who sees or who can otherwise provide relevant information concerning aint. (You may attach additional pages if necessary.) Please attach relevant documents that relate to your Complaint, such a
Explai violate witnes compl copy	n in what way you believe your rights under the EDR Planted. Identify all person who participated in this matter or who sees or who can otherwise provide relevant information concerning aint. (You may attach additional pages if necessary.) Please attach relevant documents that relate to your Complaint, such a
Explai violate witnes compl copy	n in what way you believe your rights under the EDR Planted. Identify all person who participated in this matter or who sees or who can otherwise provide relevant information concerning aint. (You may attach additional pages if necessary.) Please attach relevant documents that relate to your Complaint, such a
Explai violate witnes compl copy	n in what way you believe your rights under the EDR Planted. Identify all person who participated in this matter or who sees or who can otherwise provide relevant information concerning aint. (You may attach additional pages if necessary.) Please attach relevant documents that relate to your Complaint, such a
Explai violate witnes compl copy	n in what way you believe your rights under the EDR Planted. Identify all person who participated in this matter or who sees or who can otherwise provide relevant information concerning aint. (You may attach additional pages if necessary.) Please attach relevant documents that relate to your Complaint, such a
Explai violate witnes compl copy	n in what way you believe your rights under the EDR Planted. Identify all person who participated in this matter or who sees or who can otherwise provide relevant information concerning aint. (You may attach additional pages if necessary.) Please attach relevant documents that relate to your Complaint, such a
Explai violate witnes compl copy	n in what way you believe your rights under the EDR Planed. Identify all person who participated in this matter or who ses or who can otherwise provide relevant information concerning aint. (You may attach additional pages if necessary.) Please attempt of relevant documents that relate to your Complaint, such a
Explai violate witnes compl copy	n in what way you believe your rights under the EDR Planted. Identify all person who participated in this matter or who sees or who can otherwise provide relevant information concerning aint. (You may attach additional pages if necessary.) Please attach relevant documents that relate to your Complaint, such a

EDR Plan Chapter II – Anti-Discrimination Rights Race П Color П Religion П Sex (includes Sexual Harassment) National Origin Age (at least 40 years old at the time of the alleged discrimination) Disability П Chapter III – Family and Medical Leave Rights Chapter IV – Worker Adjustment and Retraining Notification Rights П Chapter V – Employment and Reemployment Rights of Members of the **Uniformed Services** Chapter VI – Occupational Safety and Health Protections Chapter VII – Polygraph Tests П Chapter VIII – Whistleblower Protection Model EEO Policy 7. Please state the desired corrective action, result or resolution of each claim listed in your Complaint:

identifying the relevant Chapter of the EDR Plan, or the Model EEO Policy,

under which your complaint is being filed:

I affirm that the information provided in this C of my ability:	Complaint is true and correct to the best
Signature of Complainant	
EDR Coordinator's Signature	Date of Receipt